PTO/SB/21 (08-03) Approved for use through 07/31/2006. OMB 0851-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Application Number 09/773,456 Filing Date 1/31/2001 RECEIVED TRANSMITTAL First Named Inventor **CENTRAL FAX CENTER** Michael J. Novak **FORM** Group Art Unit (to be used for all correspondence after initial filing) Examiner Name Sara M Hanne Attorney Docket Number 10 M81.0728US Total Number of Pages in This Submission ENCLOSURES (check all that apply) 冈 Fee Transmittal Form Drawing(s) After Allowance Communication Fee Attached to Group Licensing-related Papers Appeal Communication to Board Petition 冈 of Appeals and Interferences Amendment / Reply Petition to Convert to a Appeal Communication to Group After Final **Provisional Application** (Appeal Notice, Brief, Reply Brief) Affidavits/declaration(s) Power of Attorney, Revocation Proprietary Information Change of Correspondence Extension of Time Request Status Letter Address Express Abandonment Request Other Enclosure(s) (please Terminal Disclaimer Information Disclosure Statement identify below): Request for Refund Certified Copy of Priority CD, Number of CD(s) Documents TRECEIVED OIDEIARD 1UG 0 8 2005 Response to Missing Parts/ Incomplete Application Remarks Response to Missing Parts under 37 CFR 1.52 or 1.53 SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT Firm Lance R. Sadler/Reg., No. 38605 Individual Name Signature Date CERTIFICATE OF TRANSMISSION/MAILING I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below. Typed or printed name

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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Linder the Paperwork Reduction Act of 1895 no persons are required to respond to a collection of information unless it displays a yalid QMB control number Effective on 12/08/2004. Complete if Known Fees pursuant to the Consolidated Appropriations Act. 2005 (H.R. 4818). RECEIVED Application Number 09/773,456 TRANSMIT CENTRAL FAX CENTER 1/31/2001 Filing Date For FY 2005 Michael J. Novak First Named Inventor AUG 0 4 2005 Sara M Hanne **Examiner Name** Applicant claims small entity status. See 37 CFR 1.27 Art Unit 2179 TOTAL AMOUNT OF PAYMENT (S) 0.00Attorney Docket No. MS<sub>1</sub> 0728US METHOD OF PAYMENT (check all that apply) Check I Credit Card L Money Order Other (please identify): 12-0769 Lee & Hayes, PLLC Deposit Account Deposit Account Number:\_ Deposit Account Name: For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments
under 37 CFR 1.16 and 1.17
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card Information and authorization on PTO-2038. **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **FILING FEES SEARCH FEES EXAMINATION FEES** Small Entity Small Entity Small Entity Fee (\$) Fee (\$) Fees Paid (\$) Application Type Fee (\$) Fee (\$) Eee\_(\$) Fee (\$) Utility 300 150 500 200 250 100 Design 200 100 100 130 50 65 Plant 200 100 300 150 160 80 300 Reissue 150 500 600 250 300 Provisional 200 100 0 0 O 0 2. EXCESS CLAIM FEES Small Entity Fee Description Fee (\$) Foo (\$) 50 Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent 100 Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent 200 Multiple dependent claims 120 **Total Claims** Extra Claims Fee (\$) Fee Paid (\$) Multiple Dependent Claims 50 Fee (\$) Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20 Indep. Claims Extra Claims Fee (\$) Fee Paid (\$) - 3 or HP = 200 HP = highest number of independent claims paid for, if greater than 3 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee Paid (\$) \_ (round up to a whole number) x 4. OTHER FEE(\$) Fees Paid (\$) Non-English Specification, \$130 fee (no small entity discount) SUBMITTED BY Registration No. Signature Telephone 38605 **5**09¥324-<u>92</u>56 (Attorney/Agent) Name (Print/Type

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